

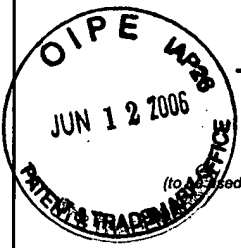
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06-14-06

PTO/SB/21/08-003

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 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10,817,114	
	Filing Date	4/2/04	
	First Named Inventor	ANDERSON, Nicole Marie	
	Art Unit	1714	
	Examiner Name	SZEKELY, Peter	
Total Number of Pages in This Submission	36	Attorney Docket Number	96100

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing - related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (Please identify below)<br>Return Receipt Postcard |
| Remarks  |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Brian F. Drazich	41718
Signature	<i>Brian F. Drazich</i>	
Date	12 Jun 2006	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Services with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or Printed Name	Trudi Slone, Paralegal		
Signature	<i>Trudi Slone</i>	Date	12 Jun 2006

This collection of information is required by 37 CFR 1.53(b). The information is required or obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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*Trudi Slone*  
Signature

Trudi Slone, Paralegal

Typed or printed name of person of signing Certificate

Application of: ANDERSON, Nicole Marie

Title: Limonene, Pinene, or Other Terpenes and Their Alcohols, Aldehydes and

Attorney Docket No: 96100

Attached documents:

Transmittal Form	1 Pgs
Fee Transmittal (orig & copy)	2 Pgs
Terminal Disclaimer	2 Pgs
Amendment	31 Pgs
Return Receipt Post Card	1 Card

Effective 12/08/04.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
FOR FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$1,480.00

## Complete if known

Application Number	10,817,114
Filing Date	4/2/04
First Named Inventor	ANDERSON, Nicole Marie
Examiner Name	SZEKELY, Peter
Art Unit	1714
Attorney Docket No.	96100

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0931 Deposit Account Name: NAWCWD - Pt Mugu/ China Lake

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee (s) indicated below ☐ Charge fee (s) indicated below, except for the filing fee

☒ Charge any additional fee (s) or any underpayment of fee(s) under CFR 1.16 and 1.17 ☒ Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
27	-20 or HP = 7 X	50.00	\$350.00

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
8	-3 or HP = 5 X	200.00	\$1,000.00

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 411(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 =	/ 50 =	(round up to a whole number) X	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer Fee

\$130.00

SUBMITTED BY

(Complete (if applicable))

Name (Print/ Type)	Brian F. Drazich	Registration No. (Attorney / Agent)	41718	Telephone	(760) 939-4177
Signature	<i>Brian Drazich</i>	Date	12 Jun 2006		

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